

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000031406

1. Entity Name
PLAZA DOMINION, INC.



Principal Place of Business
885 S E 47TH TERRACE
SUITE A
CAPE CORAL, FL 33904 US

Mailing Address
885 S E 47TH TERRACE
SUITE A
CAPE CORAL, FL 33904 US

FILED

04 JAN -9 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0662282

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NAGEL, WERNER
885 S E 47TH TERRACE
CAPE CORAL, FL 33904

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	WERNER, NAGEL
STREET ADDRESS	885 S E 47TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	P
NAME	NAGEL, TAREK
STREET ADDRESS	1220 SE 40TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600026586766
01/09/04--01022--003 **150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/04

Date

239-541-2080

Daytime Phone #